



KANSAS

DENNIS ALLIN, M.D., CHAIR

ROBERT WALLER, EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

BOARD OF EMERGENCY MEDICAL SERVICES

The following document is the culmination of seven (7) months of meetings with Board members, service directors, attendants, Region EMS councils representatives, Kansas EMS Associations, and Kansas educational institutions to develop a new set of authorized activities for Kansas EMS. The Kansas Emergency Medical Services Systems Approach to the Future met and agreed on the document as presented.

In this document you will find a listing of those individuals. I would like to thank them personally for their service and dedication to this effort.

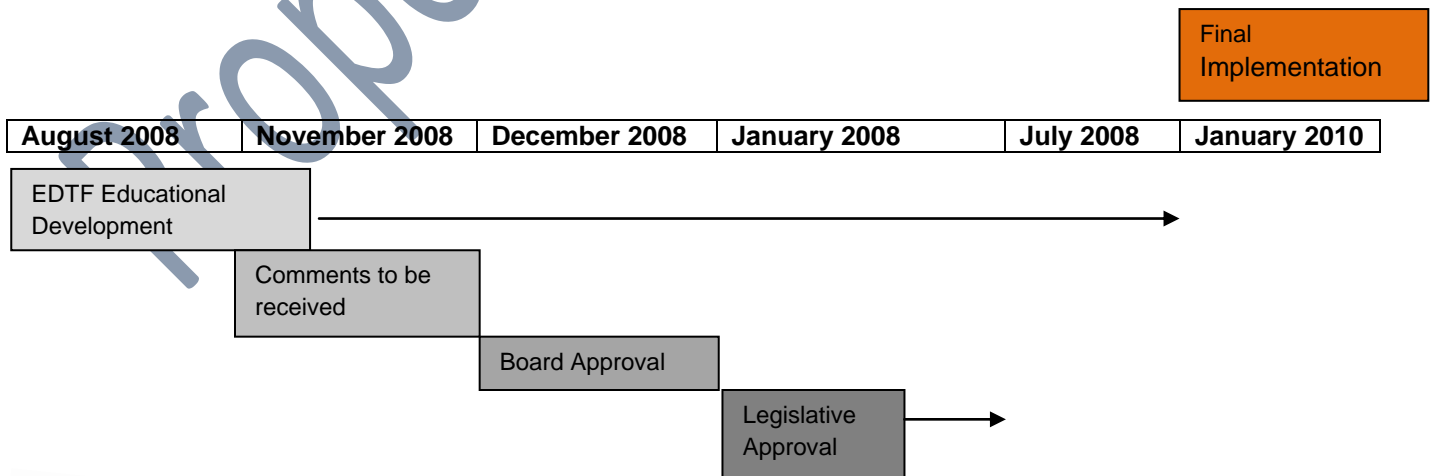
This document was approved by the Kansas Board of Emergency Medical Service (K.S.A. 65-6102, 65-6111) on August 1, 2008. After that approval, Board staff was directed to send this document to the following individuals:

- KEMSSAF Members
- Regional Councils
- Medical Directors
- General Public

The Regional Councils will be utilized as the "collectors" of comments to be presented to the Board (by Board Staff) during its regular December 2008 Meeting.

The deadline for comments is **NOVEMBER 1, 2008**. The deadline is in place to allow Board staff to collect all appropriate comments and present those to the Board for review and FINAL approval before the 2009 Legislative session.

The document as presented is **PROPOSED FOR REVIEW**. Meaning, the document is **PROPOSED FOR REVIEW** until the December Board meeting in which the Board will give final approval. Once and if final approval is given the time line for implementation would be the following:



Robert Waller

Executive Director, KBEMS

EMS Attendant Skills Sets Recommendations

Kansas EMS Systems Approach to the Future (KEMSSAF) Workgroup



The Kansas Board of EMS

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Proposed for Review

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Section I

INTRODUCTION

Proposed for Review

Kansas Board of EMS		
Dennis	Allin	Chair
J.R.	Behan	Chair, Education Committee
Joe	Megredy	Chair, Planning & Operations Committee
Deb	Kaufman	Board Member
Dale	Wasson	Chair, Investigations Committee
Regions		
David	Stithem	Region I
Brad	Sisk	Region II
Terry	David	Region III
Marvin VanBlaricon/Wendy Gronau		Region IV
Rob	Jones	Region V/MARC
Chris Way/Kenny Yoakum		Region VI
Professional Organizations		
Bob	Pruitt	KEMTA
John	Friesen	KEMSA
K.C.	Jones	KanAMS
Shane	Pearson	KS Firefighters Association
Community/Technical Colleges EMS Training		
Jeb	Burress	Butler County Community College
Chy	Miller	Hutchinson Community College
Chris	Cannon	Cowley County Community College
Robert	Binder	Flint Hills Technical
Greta	Rexwinkle	Coffeyville Community College
Ray	Wright	Johnson County Community College
Bill	Young	Garden City Community College
Donna	Olafson	Kansas City Kansas Comm. College
Chad	Pore	Barton County Community College
John	Ralston	Seward County Community College
Christine	Ellison	Colby Community College
Mary	Herbel	
Members-at-Large		
Jason	Jenkins	Member at Large
Gary	Winter	Member at Large
Brandon	Russell	Member at Large
Lillian	Slater	Member at Large
Kerry	McCue	Member at Large
Mark	Willis	Member at Large
Easter	Randy	Member at Large
Chris	Tilden	KDHE

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PROJECT APPROACH

1. During the initial phases of the process the workgroup focus will be to address KS EMS Systems needs without regard to National Plans and/or documents.
2. Given the focus, participants will include in their deliberations, approaching each topic considering State-wide needs, rather than simply their geographical region needs.
3. If your educational institution or ambulance service does not teach or employ the level of attendant being discussed, and you have limited knowledge of the topic being discussed, please recognize this fact and limit your input.
4. As we progress through the process, we will consider the National plans and their impact, if any, on the Board's Implementation Strategy.

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MISSION STATEMENTS

1. To systematically analyze Kansas EMS attendant authorized activities, and KS EMS Systems needs to optimize the level of out-of-hospital care provided to the citizens of Kansas.
2. To identify modalities to provide the highest quality education available to EMS students and for individuals who provide emergency medical services, including first responders, emergency medical technicians, intermediates and paramedics.
3. To focus on those skills and knowledge that encourage disparate groups to communicate and join together forming the foundation for an integrated Statewide EMS delivery system and its continued sustainment.
4. To identify a recommended course of action to meet or exceed those needs, represent optimal standards of care irrespective of geographic and/or jurisdictional variables in protocols or operational procedures at the local, intrastate, regional and state levels.

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Section II

EMERGENCY MEDICAL RESPONDER (EMR)

Proposed for Review

Proposed for Review

Emergency Medical Responder (EMR) Recommendations

GENERAL

1. Adoption of the title “Emergency Medical Responder” to replace “First Responder”.
2. Concurrence with National recommendation of EMR to operate under Medical Protocols.
3. Non-concurrence to National recommendation for elimination of EMR as an ambulance attendant.
4. KS adoption of enhanced National Scope attendant level skills set.
5. Validation of medical protocols for maintenance of EMR Certification.

TRANSITION PLAN (FR to EMR)

1. Transition will be accomplished over a three year period via two recertification cycles.
2. First Responders will be required to take specific classes identified as being incorporated in the new skills sets/curricula.
3. Once validation of new CE requirements is achieved, new title (Emergency Medical Responder) will awarded to currently certified First Responder attendants.
4. Those failing to achieve new recertification standards will lose their First Responder certification.

SPREADSHEET LEGEND: The letters below are used in the following pages to indicate the following;

In the “CURRENT” column;

X is used to indicate that the skill is currently an authorized activity for this attendant in level.

O is used in the “current” column to indicate that the skill is an optional skill, such as advanced initiatives for the EMT-B and/or intubation for the EMT-I.

In the “SCOPE” column;

C is used to indicate the skill is a component of the National skill set for this level of attendant.

- is used to indicate the assumption that the skills is included but the depth and breadth of the intervention is not specified in the Scope document.

In the “KEMSSAF” column,

E is used (enrichment) to identify a skill not included in the Scope document but is recommended for inclusion by KEMSSAF in the authorized skills set at the attendant level identified.



Is used to indicate a new skills for this attendant level in comparison to current law

Proposed for Review

SKILLS SET COMPARISON		CURRENT	SCOPE	KEMSSAF
AIRWAY & BREATHING				
1	Airway – Oral (Oropharyngeal)			
2	Airway – Nasal (Nasopharyngeal)			
3	Bag-valve-mask (BVM) ventilation	X	C	
4	Bag-valve-ETT/CombiTube® ventilation			
5	Cricoid pressure (Sellick maneuver)	X	C	
6	Head-tilt/chin-lift	X	C	
7	Jaw thrust	X	C	
8	Jaw-thrust - Modified (trauma)	X	C	
9	Modified chin lift	X	C	
10	Mouth-to-Barrier	X		E
11	Mouth-to-Mask	X	C	
12	Mouth-to-Mouth			
13	Mouth-to-Nose	X	C	
14	Mouth-to-Stoma	X	C	
15	Manual Airway Maneuvers	X	C	
16	Obstruction--manual (Heimlich, finger sweep, chest thrusts) upper airway	X	C	
17	Oxygen Therapy – Humidifiers			
18	Oxygen Therapy – Nasal Cannula		C	
19	Oxygen Therapy – Non-rebreather Mask	X	C	
20	Oxygen Therapy – Partial Rebreather Mask			
21	Oxygen Therapy – Regulators	X		E
22	Oxygen Therapy – Simple Face Mask			
23	Oxygen Therapy - Blow-by delivery			
AIRWAY & BREATHING (continued)				
24	Suctioning--upper airway (nasal)			
25	Suctioning--upper airway (oral)	X	C	
26	Suctioning – Upper Airway (Soft & Rigid)			
27	Suctioning-meconium aspiration (BULB SYRINGE)			
ASSESSMENT				
28	Auscultate breath sounds (presence/absence)	X		E
29	Blood Glucose Monitoring			
30	Blood Pressure - Automated	X		E
31	Blood Pressure – Manual	X	C	
32	Blood pressure-auscultation	X		E
33	Blood pressure-electronic noninvasive	X		E
34	Blood pressure-palpation	X		E
35	Level of consciousness (LOC)	X	C	

36	Pulse Oximetry			
ASSESSMENT (continued)				
37	Using Glasgow Coma Scale (GCS)			
38	Vital sign-body temperature	X		E
39	Vital sign-pulse	X		E
40	Vital sign-pupils	X		E
41	Vital sign-respirations	X		E
42	Vital sign-skin color/temperature and condition (CTC)	X		E
43	Auscultate breath sounds (presence/absence)	X		E
PATIENT MANAGEMENT				
44	Provide care to a patient with a chest injury	X	—	E
45	Provide care to a patient with a painful, swollen, deformed extremity	X	—	E
46	Provide care to a patient with a soft tissue injury	X	—	E
47	Provide care to a patient with a suspected head injury	X	—	E
48	Provide care to a patient with a suspected spinal injury	X	—	E
49	Provide care to a patient with an acute amputation	X	—	E
50	Provide care to a patient with an impaled object	X	—	E
51	Provide care to a patient with an open abdominal injury	X	—	E
52	Provide care to a patient with shock (Hypoperfusion).	X	—	E
53	Provide care to an infant or child with a fever	X	—	E
54	Provide care to an infant or child with a suspected blood disorder	X	—	E
55	Provide care to an infant or child with a suspected communicable disease	X	—	E
56	Provide care to an infant or child with abdominal pain	X	—	E
57	Provide care to an infant or child with cardiac arrest	X	—	E
58	Provide care to an infant or child with respiratory distress	X	—	E
59	Provide care to an infant or child with seizure	X	—	E
60	Provide care to an infant or child with shock (hypoperfusion)	X	—	E
61	Provide care to an infant or child with suspected abuse or neglect	X	—	E
62	Provide care to an infant or child with trauma	X	—	E
63	Provide care to suspected overdose patient	X	—	E
64	Provide care to the mother immediately following delivery of a newborn	X	—	E
65	Provide care to the newborn	X	—	E
66	Provide care to the patient experiencing a seizure	X	—	E
67	Provide care to the patient experiencing an allergic reaction	X	—	E
68	Provide care to the patient with a gynecological emergency	X	—	E
69	Perform a rapid extrication of a trauma patient	X	—	E
70	Provide care for a patient with a history of diabetes.	X	—	E
71	Provide care for a patient with a suspected blood disorder	X	—	E
72	Provide care for a patient with a suspected communicable disease	X	—	E
73	Provide care for a patient with abdominal pain	X	—	E
74	Provide care for a patient with an endocrine disorder other than diabetes.	X	—	E

PATIENT MANAGEMENT (continued)

75	Provide care for a patient with head pain	X	—	E
76	Provide care for a possible poisoning patient	X	—	E
77	Provide care for external bleeding.	X	—	E
78	Provide care for the obstetric patient	X	—	E
79	Provide care to a near-drowning patient	X	—	E
80	Provide care to a patient experiencing a behavioral problem	X	—	E
81	Provide care to a patient experiencing cardiovascular compromise	X	—	E
82	Provide care to a patient experiencing non-traumatic chest pain/discomfort.	X	—	E
83	Provide care to a patient exposed to cold	X	—	E
84	Provide care to a patient exposed to heat	X	—	E
85	Provide care to a patient who has been bitten or stung by an animal or insect	X	—	E
86	Provide care to a patient with a burn injury	X	—	E
87	Assist with the delivery of an infant	X	—	E
88	Assisting a patient in administering his/her own prescribed medications, including auto-injection (self, buddy and pt assisted)	X	—	E
89	Resuscitate a patient in cardiac arrest.	X	—	E
90	Behavioral--Restrain violent patient	X	—	E
91	Burns--chemical, electrical, inhalation, radiation, thermal	X	—	E
92	Childbirth (abnormal/complications) - patient positioning	X	—	E
93	Childbirth (normal)--cephalic delivery	X	—	E
94	Childbirth--umbilical cord cutting	X	—	E
95	Eye care	X	—	E
96	EMT-Basic Assessment	X	—	E

PHARMACOLOGICAL INTERVENTION

Techniques of Medication Administration

97	Unit dose auto-injector for self or peer care (MARK I)			
98	Auto-Injector (Self, buddy and patient assisted)			
99	Oral			

Administered Medication

100	Oxygen	X	C	
101	Aspirin (ASA) for chest pain (ONLY W/ MEDICAL DIRECTION)			

Administered Medication (continued)

102	Mark I Auto Injector (For Self & Crew)			
103	Oral Glucose			
104	Auto-Injected Epinephrine			
105	Medicated Inhaler – Prescribed			

EMERGENCY TRAUMA CARE				
106	Cervical collar	X		E
107	Manual head/Neck Stabilization	X	C	
108	Manual Extremity Splinting	X	C	
109	Application of Commercial Extremity Splints	X		E
110	Anatomical Extremity splinting	X		E
111	Eye Irrigation			
112	Spinal Immobilization – Based on mechanics of injury	X		E
113	Spinal Immobilization – Cervical Collar	X		E
114	Spinal Immobilization – Long Board			
115	Spinal Immobilization – Manual Stabilization	X		E
116	Spinal Immobilization – Seated Patient	X		E
117	Spinal Immobilization – Seated Patient (KED, etc.) (Assist only)			
118	Spinal immobilization--helmet stabilization or removal			
119	Spinal immobilization--long board w/pt supine and standing			
120	Spinal immobilization--manual stabilization and cervical collar	X		E
121	Spinal immobilization--rapid extrication	X		E
122	Splinting extremity – Soft	X		E
123	Splinting extremity – Anatomical (No return to position of function)	X		E
124	Splinting extremity – Manual stabilization	X	C	
125	Splinting extremity – Vacuum			
126	Hemorrhage Control – Direct Pressure	X	C	
127	Hemorrhage Control – Pressure Point	X	—	
128	Hemorrhage Control – Tourniquet	X	—	
129	Trendelenberg Positioning	X		E
130	Hemorrhage Control - Pressure Bandaging		—	
MEDICAL/CARDIAC CARE				
	Cardiac Care			
131	Cardiac monitoring--apply electrodes			
132	Cardiopulmonary Resuscitation (CPR)	X	C	
133	Cardiopulmonary resuscitation (CPR) adult, infant, child, one and two person	X		E
134	CPR - Mechanical Device			
135	Provide post-resuscitation care to a cardiac arrest patient	X		E
135	Defibrillation - Automated/Semi Automated (AED/SAED)			
136	Defibrillation - automated external defibrillator (AED)	X	C	
	Medical			
137	Assisted normal delivery			
138	Assist with the delivery of an infant			

AMBULANCE OPERATIONS				
139	Assess the need for additional resources at the scene.	X		E
140	Drive the emergency vehicle in a non-emergency situation	X		E
141	Drive the emergency vehicle in an emergency situation (theory)	X		E
142	Obtain consent for providing care	X		E
143	Give consideration for potential organ retrieval			E
144	Incident Command System (ICS)		—	
145	Make decisions based on Do Not Resuscitate (DNR) orders			E
146	Make decisions regarding abandonment, negligence, etc.			E
147	Multiple Casualty Incident (MCI)	X		E
148	Participate in the quality improvement process	X		E
149	Prepare the emergency vehicle and equipment before responding to a call.	X		E
150	Preserve the crime scene	X		E
151	Triage (prioritizing patients) - use of tags	X		E
152	Provide education on emergency medical services to the public	X		E
153	Provide for safety of self, patient and fellow workers	X		E
154	Provide injury prevention education to the public, such as seat belt usage, helmet usage, pool safety, etc.	X		E
155	Use methods to reduce stress in a patient, bystanders and co-workers	X		E
156	Use physician medical direction for authorization to provide care (Off-line)			E
Communications				
157	Communicate with bystanders, other health care providers and patient family members while providing patient care	X		E
158	Communicate with patient while providing care	X		E
159	Communications with PSAPs, medical command facilities (Off line control)			E
160	Provide a report to RECEIVING PERSONNEL of assessment findings and emergency care given			E
161	Verbal patient report to receiving personnel			E
Documentation				
162	Complete a prehospital care report			E
163	Out-of-Hospital Do Not Resuscitate (DNR) orders			E
164	Patient Care Report completion			E
Hazardous Materials				
165	Contaminated equipment disposal (sharps and PPE)	X		E
166	Decontamination	X		E
167	Disinfection	X		E
168	Dispose of materials contaminated with body fluids.	X		E
169	Dispose of sharps (needles, auto-injectors, etc)	X		E
170	Perform unit dose auto-injectors for self or peer care (MARK I)			E
171	PPE (personal protection equipment) use	X		E

AMBULANCE OPERATIONS (continued)

Hazardous Materials

172	PRN Self or peer care (Bio/chem)	X		E
173	Take infection control precautions (body substance isolation)	X		E

Lifting & Moving Patients

174	Move patients using a carrying device	X		E
175	Move patients without a carrying device	X		E

AMBULANCE OPERATIONS (Continued)

Lifting & Moving Patients

176	Patient lifting, moving and transfers	X		E
177	Patient restraints on transport devices	X		E
178	Use body mechanics when lifting and moving a patient.	X		E
179	Emergency moves for endangered patients	X	C	

Rescue

180	Patient access and extrication	X	—	
181	Rapid extrication	X	—	

NOTE: Scope requires EMR to function under medical control

EMERGENCY MEDICAL TECHNICIAN (EMT)

Proposed for Review

Emergency Medical Technician (EMT) Recommendations

GENERAL

1. Adoption of the title “Emergency Medical Technician” to replace “Emergency Medical Technician - Basic”.
2. Concurrence with National recommendation of EMT to operate under Medical Protocols.
3. KS adoption of enhanced National Scope attendant level skills set.
4. Incorporate language of addressing categories/classes of devices rather than specific devices.
5. Any medications authorized will be addressed by class/category instead of name.

TRANSITION PLAN (EMT to EMT-B)

1. Transition will be accomplished over a three year period via two recertification cycles.
2. EMT-Basics will be required to take specific classes identified as being incorporated in the new skills sets/curricula.
3. Once validation of new CE requirements is achieved, new title (Emergency Medical Technician) will awarded to currently certified Emergency Medical Technician – Basic attendants.
4. Those failing to achieve new recertification standards will lose their Emergency Medical Technician – Basic certification.

SPREADSHEET LEGEND: The letters below are used in the following pages;

In the “CURRENT” column;

X is used to indicate that the skill is currently an authorized activity for this attendant in level.

O is used in the “current” column to indicate that the skill is an optional skill, such as advanced initiatives for the EMT-B and/or intubation for the EMT-I.

In the “SCOPE” column;

C is used to indicate the skill is a component of the National skill set for this level of attendant.

- is used to indicate the assumption that the skills is included but the depth and breadth of the intervention is not specified in the Scope document.

In the “KEMSSAF” column,

E is used (enrichment) to identify a skill not included in the Scope document but is recommended for inclusion by KEMSSAF in the authorized skills set at the attendant level identified.



Is used to indicate a new skills for this attendant level in comparison to current law

Proposed for Review

SKILLS SET COMPARISON		Current	Scope	KEMSSAF
AIRWAY & BREATHING				
1	Airway – Oral (Oropharyngeal)	X	C	
2	Airway - Esophageal obturator airway (EOA)	X		E
3	Airway - Esophageal Gastric Tube Airway (EGTA)	X		E
4	Airway - Advanced - Multi Lumen	X		E
5	Airway - Advanced - Single Lumen (*NOT LMA or ET)	X		E
6	Airway - Esophageal/Tracheal - Multi Lumen	X		E
7	Airway – Lumen (Non-Visualized)(* NOT LMA or ET)	X		E
8	Airway – Nasal (Nasopharyngeal)	X	C	
9	Airway--esophageal tracheal--dual lumen CombiTube®	X		E
10	Airway--pharyngeal tracheal lumen (PTL)	X		E
11	Resuscitation - Bag-valve-mask (BVM) ventilation	X	C	
12	Resuscitation - Bag-valve-mask ETT/CombiTube® ventilation	X		E
13	Resuscitation - Bag-valve-mask with in-line small-volume nebulizer			
14	Resuscitation - Automatic Transport Ventilator (ATV)			
15	Resuscitation - Manually Triggered Ventilator (MTV)			
16	Resuscitation - Oxygen Demand valve	X		E
17	Resuscitation - Flow restricted oxygen powered ventilation device			
18	Procedure- Head-tilt chin lift	X	C	
19	Procedure- Cricoid pressure (Sellick maneuver)	X	C	
20	Procedure- Jaw thrust	X	C	
21	Procedure- Jaw-thrust - Modified (trauma)	X	C	
22	Procedure- Mouth to barrier	X	C	
23	Procedure- Mouth to Mask	X	C	
24	Procedure- Mouth to nose	X	C	
25	Procedure- Mouth to stoma	X	C	
26	Procedure- Obstruction-Manual (Heimlich, finger sweep, chest thrusts)	X	C	
27	Procedure- Obstruction – Forceps (Direct Visual)			
28	Oxygen Therapy – Humidifiers	X	C	
29	Oxygen Therapy – Nasal Cannula	X	C	
30	Oxygen Therapy - Nebulizer			
31	Oxygen Therapy – Non-rebreather Mask	X	C	
32	Oxygen Therapy – Partial Rebreather Mask	X	C	
33	Oxygen Therapy – Regulators	X	C	
34	Oxygen Therapy – Simple Face Mask	X	C	
35	Oxygen Therapy – Venturi Mask	X	C	
36	Oxygen therapy--blow-by delivery	X		E
37	Suctioning - Upper airway (oral)	X	C	
38	Suctioning - Oropharyngeal	X		E

39	Suctioning --Upper Airway (Soft & Rigid)	X		E
AIRWAY & BREATHING (continued)				
42	Suctioning--upper airway (nasal)	X		E
40	Suctioning--meconium aspiration (BULB SYRINGE)	X		E
41	Suctioning--stoma	X		E
42	End Tidal CO2 Monitoring/Capnometry			E
43	End Tidal CO2 Monitoring			E
44	Extubation (WITH ANY AUTHORIZED DEVICE)	X		E
45	Gastric Decompression – NG Tube W/ ANY AUTHORIZED DEVICE			E
46	Gastric Decompression – OG Tube W/ ANY AUTHORIZED DEVICE			E
ASSESSMENT				
47	Automatic BP	X		
48	Level of consciousness (LOC)	X		E
49	Using Glasgow Coma Scale (GCS)	X		E
50	Vital sign--body temperature	X		E
51	Vital sign--pulse	X		E
52	Vital sign--pupils	X		E
53	Vital sign--respirations	X		E
54	Vital sign--skin color/temperature and condition (CTC)	X		E
55	Blood pressure--auscultation	X		E
56	Blood pressure--electronic noninvasive	X		E
57	Blood pressure--palpation	X		E
58	Auscultate breath sounds identify breath sounds (quality)	X		E
59	Auscultate breath sounds (presence/absence)	X		E
60	Blood Glucose Monitoring	O		E
61	Assist with the delivery of an infant	X		E
62	Blood Pressure - Automated	X	C	
63	Blood Pressure – Manual	X	C	
64	Blood pressure--auscultation	X		E
65	Level of consciousness (LOC)	X	C	
66	Pulse Oximetry	O		E
67	Using Glasgow Coma Scale (GCS)	X		E
68	Vital sign--body temperature	X	C	
69	Vital sign--pulse	X	C	
70	Vital sign--pupils	X	C	
71	Vital sign--respirations	X	C	
72	Vital sign--skin color/temperature and condition (CTC)	X	C	
73	EMT-Basic Assessment	X	C	
Administered Medication				
74	PRN (Bio/chem)			
75	ASA for chest pain (of suspected ischemic origin)	O	C	

ASSESSMENT (continued)				
Administered Medication - Mode of Delivery (continued)				
76	Oral analgesics			
77	Administer MD-approved OTC medications (activated charcoal, oral glucose, oral analgesics, ASA for chest pain of suspected ischemic origin)			
Administered Medication - Mode of Delivery				
78	Intramuscular (IM)			
79	Nebulized	O		E
80	Oral	X	C	
81	Sub-Lingual (SL)	X		E
82	Buccal	X	C	
83	Auto-injected epinephrine--primary use--not patient's own prescription	O		
84	Unit dose auto-injector for self or peer care	X	C	
Administered Medication - Pt Assisted				
85	Activated Charcoal	X		E
86	Beta-agonist			
87	Atrovent	O		E
88	Auto-Injected Epinephrine	X		E
89	Medicated Inhaler – Prescribed	X		E
90	Nitroglycerin	X		E
91	Oral Glucose	X		E
Administered Medication - By Protocol				
92	Activated Charcoal	X		E
93	Administer Inhaled beta agonist for dyspnea & wheezing			
94	Administer SL Nitro for chest pn of suspected ischemic origin	X		E
95	Aspirin (ASA) for chest pain (ONLY W/ MEDICAL DIRECTION)	O		E
96	Aspirin (ASA) for chest pain	O	C	E
97	Epi-Pen – Carrying & Administration (By Protocol)	O		E
98	Glucagon auto-Injector			
99	Mark I Auto Injector (For Self & Crew)			
100	Nitroglycerin (SL only)	X		E
101	Nitroglycerine preparation – sublingual or oral spray.	X		E
102	Oral Glucose	X		E
PATIENT MANAGEMENT				
103	Provide care to a patient with a chest injury	X	—	E
104	Provide care to a patient with a painful, swollen, deformed extremity	X	—	E
105	Provide care to a patient with a soft tissue injury	X	—	E
106	Provide care to a patient with a suspected head injury	X	—	E
107	Provide care to a patient with a suspected spinal injury	X	—	E
108	Provide care to a patient with an acute amputation	X	—	E
109	Provide care to a patient with an impaled object	X	—	E

110	Provide care to a patient with an open abdominal injury	X	—	E
PATIENT MANAGEMENT (continued)				
111	Provide care to a patient with shock (Hypoperfusion).	X	—	E
112	Provide care to an infant or child with a fever	X	—	E
113	Provide care to an infant or child with a suspected blood disorder	X	—	E
114	Provide care to an infant or child with a suspected communicable disease	X	—	E
115	Provide care to an infant or child with abdominal pain	X	—	E
116	Provide care to an infant or child with cardiac arrest	X	—	E
117	Provide care to an infant or child with respiratory distress	X	—	E
118	Provide care to an infant or child with seizure	X	—	E
119	Provide care to an infant or child with shock (hypoperfusion)	X	—	E
120	Provide care to an infant or child with suspected abuse or neglect	X	—	E
121	Provide care to an infant or child with trauma	X	—	E
122	Provide care to suspected overdose patient	X	—	E
123	Provide care to the mother immediately following delivery of a newborn	X	—	E
124	Provide care to the newborn	X	—	E
125	Provide care to the patient experiencing a seizure	X	—	E
126	Provide care to the patient experiencing an allergic reaction	X	—	E
127	Provide care to the patient with a gynecological emergency	X	—	E
128	Provide post-resuscitation care to a cardiac arrest patient	X	—	E
129	Triage (prioritizing patients)-use of tags	X	—	E
130	Obtain consent for providing care	X	—	E
131	Perform a rapid extrication of a trauma patient	X	—	E
132	Provide care for a patient with a history of diabetes.	X	—	E
133	Provide care for a patient with a suspected blood disorder	X	—	E
134	Provide care for a patient with a suspected communicable disease	X	—	E
135	Provide care for a patient with abdominal pain	X	—	E
136	Provide care for a patient with an altered mental state	X	—	E
137	Provide care for a patient with an endocrine disorder other than diabetes.	X	—	E
138	Provide care for a patient with head pain	X	—	E
139	Provide care for a possible poisoning patient	X	—	E
140	Provide care for external bleeding.	X	—	E
141	Provide care for the obstetric patient	X	—	E
142	Provide care to a near-drowning patient	X	—	E
143	Provide care to a patient experiencing a behavioral problem	X	—	E
144	Provide care to a patient experiencing cardiovascular compromise	X	—	E
145	Provide care to a patient experiencing non-traumatic chest pain/discomfort.	X	—	E
146	Provide care to a patient exposed to cold	X	—	E
147	Provide care to a patient exposed to heat	X	—	E
148	Provide care to a patient who has been bitten or stung by an animal or insect	X	—	E
149	Provide care to a patient with a burn injury	X	—	E

PATIENT MANAGEMENT (continued)				
150	Assist with the delivery of an infant	X	C	
151	Assisting a patient in administering his/her own prescribed medications, including auto-injection (self, buddy and pt assisted)	X	C	
152	Resuscitate a patient in cardiac arrest.	X	C	
153	Burns--chemical, electrical, inhalation, radiation, thermal	X		E
154	Childbirth (abnormal/complications)	X	C	
155	Childbirth (normal)--cephalic delivery	X	C	
156	Childbirth--umbilical cord cutting	X		E
157	Eye care	X		E
158	Eye Irrigation	X		E
159	Splinting- Pelvic Wrap			E
160	Splinting extremity – Rigid	X		E
EMERGENCY TRAUMA CARE				
161	Cervical collar	X	C	
162	Manual head/Neck Stabilization	X	C	
163	Manual Extremity Spinting	X	C	
164	Application of Commercial Extremity Splints	X	C	E
165	Anatomical Extremity splinting	X	C	
166	Eye Irrigation	X	C	
167	Rapid extrication	X	C	
168	Spinal Immobilization – Based on mechanics of Injury	X		E
169	Spinal Immobilization – Cervical Collar	X	C	
170	Spinal Immobilization – Long Board	X	C	
171	Spinal Immobilization – Manual Stabilization	X	C	
172	Spinal Immobilization – Seated Patient	X	C	
173	Spinal Immobilization – Seated Patient (KED, etc.) (Assist only)	X	C	
174	Spinal immobilization--helmet stabilization or removal	X		E
175	Spinal immobilization--long board w/pt supine and standing	X		E
176	Spinal immobilization--manual stabilization and cervical collar	X	C	
177	Spinal immobilization--rapid extrication	X	C	
178	Splinting extremity – Soft	X	C	
179	Splinting extremity – Anatomical	X	C	
180	Splinting extremity – Manual stabilization	X	C	
181	Splinting extremity – Vacuum	X	C	
182	Hemorrhage Control – Direct Pressure	X	C	
183	Hemorrhage Control – Pressure Point	X	C	
184	Hemorrhage Control – Tourniquet	X	C	
185	Trendelenberg Positioning	X	C	
186	Hemorrhage Control - Pressure Bandaging	X	C	
EMERGENCY CARDIAC CARE				

187	Cardiac monitoring--apply electrodes			E
188	Cardiac monitoring--multi lead (acquire but non -interpretive)			E
189	Cardiopulmonary Resuscitation (CPR)	X	C	
190	Cardiopulmonary resuscitation (CPR) adult, infant, child, one and two person	X	C	
191	CPR - Mechanical Device	X	C	
192	Defibrillation - Automated/SemiAutomated (AED/SAED)	X		E
193	Defibrillation--automated external defibrillator (AED)	X	C	
EMERGENCY MEDICAL CARE				
194	Monitor IV line	X		E
195	Capillary Blood Sampling – Obtaining (blood glucose monitoring)	O		E
196	Capillary Blood Sampling – Obtaining (other than blood glucose monitoring)			E
197	Maintenance – Non-Medicated IV Fluids (#2 CRYSTALLOIDS, #3 PERIPHERAL)	X		E
198	Urinary catheterization (ASSESSING & MONITORING ONLY)			E
199	Assisted normal delivery	X	C	
200	Assisted complicated delivery	X	C	
201	Childbirth (abnormal/complications) - patient positioning	X		E
202	Childbirth (abnormal/complications)	X		E
203	Childbirth (normal)--cephalic delivery	X	C	
204	Childbirth--umbilical cord cutting	X	C	
205	Maintenance – Non-Medicated IV Fluids	X		E
AMBULANCE OPERATIONS				
206	Assess the need for additional resources at the scene.	X	—	E
207	Drive the emergency vehicle in a non-emergency situation	X	—	E
208	Drive the emergency vehicle in an emergency situation (theory)	X	—	E
209	Give consideration for potential organ retrieval	X	—	E
210	Incident Command System (ICS)	X	—	E
211	Make decisions based on Do Not Resuscitate (DNR) orders	X	—	E
212	Make decisions regarding abandonment, negligence, etc.	X	—	E
213	Multiple Casualty Incident (MCI)	X	—	E
214	Participate in the quality improvement process	X	—	E
215	Prepare the emergency vehicle and equipment before responding to a call.	X	—	E
216	Preserve the crime scene	X	—	E
217	Provide education on emergency medical services to the public	X	—	E
218	Provide for safety of self, patient and fellow workers	X	—	E
219	Provide injury prevention education to the public, such as seat belt usage, helmet usage, pool safety, etc.	X	—	E
220	Use methods to reduce stress in a patient, bystanders and co-workers	X	—	E
221	Use physician medical direction for authorization to provide care (Off-line)	X	—	E
222	Use the incident command system	X	C	

Documentation				
AMBULANCE OPERATIONS (continued)				
223	Out-of-Hospital Do Not Resuscitate (DNR) orders	X	C	E
224	Patient Care Report completion	X	C	E
Communications				
225	Communicate with bystanders, other health care providers and patient family members while providing patient care	X		E
226	Communicate with patient while providing care	X		E
227	Communications with PSAPs, hospitals, medical command facilities	X		E
228	Provide a report to RECEIVING PERSONNEL of assessment findings and emergency care given	X		E
229	Provide a report to medical direction of assessment findings and emergency care given	X		E
230	Verbal patient report to receiving personnel	X		E
Lifting & Moving				
231	Lifting & Moving - Move patients using a carrying device	X	C	
232	Lifting & Moving - Move patients without a carrying device	X	C	
233	Lifting & Moving - Patient lifting, moving and transfers	X	C	
234	Lifting & Moving - Patient Physical Restraint Application	X	—	E
235	Lifting & Moving - Patient restraints on transport devices	X	C	
236	Lifting & Moving - Use body mechanics when lifting and moving a patient.	X	C	
237	Behavioral--Restrain violent patient	X	—	E
Hazardous materials				
238	Decontamination	X	—	E
239	Disinfection	X	—	E
240	Dispose of materials contaminated with body fluids.	X	C	
241	Dispose of sharps (needles, auto-injectors, etc)	X	—	E
242	Perform unit dose auto-injectors for self or peer care (MARK I)	X	C	
243	PPE (personal protection equipment) use	X	C	
244	PRN Self or peer care (Bio/chem)	X	C	
245	Take infection control precautions (body substance isolation)	X	C	

Proposed for Review

Section IV

ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT)

Proposed for Review

Advanced Emer Med Tech (AEMT) Recommendations

GENERAL

1. Adoption of the title “Advanced Emergency Medical Technician” to replace “Emergency Medical Technician - Intermediate”.
2. KS adoption of enhanced National Scope attendant level skills set.
3. Elimination of LMA as a prehospital airway device at this level.
4. Elimination of endotracheal intubation at this level.
5. Adoption of manual defibrillation at this level (at former EMT-D level).
6. Incorporate language of addressing categories/classes of devices rather than specific devices.
7. Any medications authorized will be addressed by class/category instead of name.

TRANSITION PLAN (EMT-I to AEMT)

1. Transition will be accomplished over a three year period via two recertification cycles.
2. EMT-Basics will be required to take specific classes identified as being incorporated in the new skills sets/curricula.
3. Once validation of new CE requirements is achieved, new title (Emergency Medical Technician) will be awarded to currently certified Emergency Medical Technician – Basic attendants.
4. Those failing to achieve new recertification standards will lose their Emergency Medical Technician – Basic certification.

SPREADSHEET LEGEND: The letters below are used in the following pages;

In the “CURRENT” column;

X is used to indicate that the skill is currently an authorized activity for this attendant in level.

O is used in the “current” column to indicate that the skill is an optional skill, such as advanced initiatives for the EMT-B and/or intubation for the EMT-I.

In the “SCOPE” column;

C is used to indicate the skill is a component of the National skill set for this level of attendant.

- is used to indicate the assumption that the skills is included but the depth and breadth of the intervention is not specified in the Scope document.

In the “KEMSSAF” column,

E is used (enrichment) to identify a skill not included in the Scope document but is recommended for inclusion by KEMSSAF in the authorized skills set at the attendant level identified.



Is used to indicate a new skills for this attendant level in comparison to current law.

Proposed for Review

SKILLS SET COMPARISON		Current KS	Scope (MIN)	KS-R(D) (MAX)
AIRWAY & BREATHING				
1	Oral (Oropharyngeal)	X	C	
2	Esophageal obturator airway (EOA)	X		E
3	Esophageal Gastric Tube Airway (EGTA)	X		E
4	Advanced - Multi Lumen	X	C	
5	Advanced - Single Lumen (*NOT LMA or ET)	X		E
6	Esophageal/Tracheal - Multi Lumen	X		E
7	Lumen (Non-Visualized)(*NOT LMA or ET)	X		E
8	Nasal (Nasopharyngeal)	X	C	
9	Esophageal tracheal--dual lumen CombiTube®	X	C	E
10	Pharyngeal tracheal lumen (PTL)	X	C	
11	Bag-valve-mask (BVM) ventilation	X	C	
12	Bag-valve-mask esophageal/tracheal or multi -lumen airway ventilation	X	C	
13	Bag-valve-mask endotracheal tube ventilation	X	C	
14	Bag-valve-mask with in-line small-volume nebulizer			
15	Automatic Transport Ventilator (ATV)			
16	Manually Triggered Ventilator (MTV)			
17	Oxygen Demand valve	X		E
18	Flow restricted oxygen powered ventilation device			
19	Head-tilt chin lift	X	C	
20	Cricoid pressure (Sellick maneuver)	X	C	
21	Jaw thrust	X	C	
22	Jaw-thrust - Modified (trauma)	X	C	
23	Mouth to barrier	X	C	
24	Mouth to Mask	X	C	
25	Mouth to nose	X	C	
26	Mouth to stoma	X	C	
27	Obstruction-Manual (Heimlich, finger sweep, chest thrusts) upper airway	X	C	
28	Obstruction – Forceps (Direct Visual)	X		E
29	Oxygen Therapy – Humidifiers	X	C	E
30	Oxygen Therapy – Nasal Cannula	X	C	E
31	Oxygen Therapy - Nebulizer	X		E
32	Oxygen Therapy – Non-rebreather Mask	X	C	
33	Oxygen Therapy – Partial Rebreather Mask	X	C	
34	Oxygen Therapy – Regulators	X	C	
35	Oxygen Therapy – Simple Face Mask	X	C	
36	Oxygen Therapy – Venturi Mask	X	C	
37	Oxygen therapy--blow-by delivery	X	C	

38	Suctioning - Upper airway	X	C	
39	Suctioning - Oropharyngeal	X	C	
AIRWAY & BREATHING (continued)				
40	Suctioning --Upper Airway (Soft & Rigid)	X	C	
41	Suctioning--meconium aspiration (BULB SYRINGE)	X	C	
42	Suctioning--stoma	X	C	
43	Suctioning--upper airway (nasal)	X	C	
44	Suctioning--upper airway (oral)	X	C	
45	End Tidal CO2 Monitoring/Capnometry			E
46	End Tidal CO2 Monitoring			E
47	Endotracheal Intubation	X		E
48	Extubation (WITH AUTHORIZED DEVICE)	X		E
49	Gastric Decompression – OG Tube W/ ANY AUTHORIZED DEVICE			E
ASSESSMENT				
50	Automatic BP	X	C	
51	Level of consciousness (LOC)	X	C	
52	Using Glasgow Coma Scale (GCS)	X	C	
53	Vital sign--body temperature	X	C	
54	Vital sign--pulse	X	C	
55	Vital sign--pupils	X	C	
56	Vital sign--respirations	X	C	
57	Vital sign--skin color/temperature and condition (CTC)	X	C	
58	Blood pressure--auscultation	X	C	
59	Blood pressure--electronic noninvasive	X	C	
60	Blood pressure--palpation	X	C	
61	Auscultate breath sounds (identify specifics)	X	C	
62	Auscultate breath sounds (presence/absence)	X	C	
63	Blood Glucose Monitoring	X	C	
64	Pulse Oximetry	X	C	
65	Refer patients to non-emergent medical care based upon an examination	X	C	
66	EMT-Basic Assessment	X	C	
PHARMACOLOGICAL INTERVENTIONS				
Administered Medication				
67	PRN (Bio/chem)			
68	ASA for chest pain (of suspected ischemic origin)	X	C	
69	Oral analgesics			
70	Administer MD-approved OTC medications (activated charcoal, oral glucose, oral analgesics, ASA for chest pain of suspected ischemic origin)	X	C	
Administered Medication - Mode of Delivery				
71	Aerosolized			
72	Buccal			

73	Intramuscular (IM)	X	C	
PHARMACOLOGICAL INTERVENTIONS				
Administered Medication - Mode of Delivery				
74	Peripheral IV Push (D50 and narcotic antagonist only)			
75	Nebulized	X	C	
76	Oral (PO)	X	C	
77	Sub-Lingual (SL)	X	C	
78	Auto-injected epinephrine--primary use--not patient's own prescription	X	C	
79	Unit dose auto-injector for self or peer care			
80	Intranasal			
81	Rectal			
82	Subcutaneous (SC)			
Administered Medication - Pt Assisted				
83	Activated Charcoal	X		E
84	Beta-agonist			E
85	Atrovent	X		E
86	Auto-Injected Epinephrine	X		E
87	Medicated Inhaler – Prescribed	X		E
88	Nitroglycerin	X		E
Administered Medication - By Protocol				
89	Oral Glucose	X		E
90	Activated Charcoal	X		E
91	Administer Inhaled beta agonist for dyspnea & wheezing			
92	Administer SL Nitro for chest pn of suspected ischemic origin	X	C	
93	Aspirin (ASA) for chest pain (ONLY W/ MEDICAL DIRECTION)	X	C	
94	Aspirin (ASA) for chest pain	X	C	
95	Epi-Pen – Carrying & Administration (By Protocol)	X	C	
96	Glucagon auto-injector			
97	Mark I Auto Injector (For Self & Crew)			
98	25% and 50% dextrose.			
99	Adenosine			
100	Administer a narcotic antagonist		C	
101	Administer MD approved medications			
102	Administer MD-approved OTC medications (activated charcoal, oral glucose, oral analgesics, ASA for chest pain of suspected ischemic origin)	X	C	
103	Administer nitrous oxide for pain relief (medical protocol)			
104	Administer SQ or IM Epinephrine for anaphylaxis (IM only)	X	C	
105	Aerosolized or nebulized beta-2 specific bronchodilators.			
106	Albuterol & Atrovent - Premix Combined			
107	Albuterol (Nebulized)	X		E
108	Amiodarone (Bolus only)			

109	Ativan (Lorazepam) for Seizures only			
PHARMACOLOGICAL INTERVENTIONS (continued)				
Administered Medication - By Protocol (continued)				
110	Atropine sulfate			
111	Atrovent (Nebulized)			
112	Bretylium tosylate			
113	Calcium chloride			
114	Dextrose 50%			E
115	Diazepam			
116	Diphenhydramine hydrochloride			
117	Dopamine hydrochloride			
118	Epinephrine 1:10,000 (Cardiac Arrest Only)			E
119	Epinephrine Auto-Injector or Manually drawn 1:1000	X		E
120	Furosemide			
121	Glucagon			
122	Lasix			
123	Lidocaine (Bolus Only)			
124	Midazolam			
125	Mark I Auto Injector (For Self & Crew)			
126	Monitor and adjust heparin infusion during interfacility transport.			
127	Monitor and adjust nitroglycerine infusion during interfacility transport			
128	Morphine			
129	Narcan (Narcotic antagonist)			
130	Oral Glucose	X	C	
131	Valium (Diazepam) for seizures only ??? Benzodiazepam)			
132	Vasopressin			
133	Nitroglycerin (SL only)	X	C	
134	Nitroglycerine preparation – sublingual or oral spray	X	C	
135	Oral Glucose	X	C	
EMERGENCY TRAUMA CARE				
136	Cervical collar	X	C	
137	Manual head/Neck Stabilization	X	C	
138	Manual Extremity Splinting	X	C	
139	Application of Commercial Extremity Splints	X	C	
140	Anatomical Extremity splinting	X	C	
141	Eye Irrigation	X	C	
142	Rapid extrication	X	C	
143	Spinal Immobilization – Based on mechanics of injury	X	C	
144	Spinal Immobilization – Cervical Collar	X	C	
145	Spinal Immobilization – Long Board	X	C	
EMERGENCY TRAUMA CARE (continued)				

146	Spinal Immobilization – Manual Stabilization	X	C	
147	Spinal Immobilization – Seated Patient	X	C	
148	Spinal Immobilization – Seated Patient (KED, etc.) (Assist only)	X	C	
149	Spinal immobilization--helmet stabilization or removal	X	C	
150	Spinal immobilization--long board w/pt supine and standing	X	C	
151	Spinal immobilization--manual stabilization and cervical collar	X	C	
152	Spinal immobilization--rapid extrication	X	C	
153	Splinting extremity – Soft	X	C	
154	Splinting extremity – Anatomical	X	C	
155	Splinting extremity – Manual stabilization	X	C	
156	Splinting extremity – Vacuum	X	C	
157	Hemorrhage Control – Direct Pressure	X	C	
158	MAST/PASG	X	C	
159	Hemorrhage Control – Pressure Point	X	C	
160	Hemorrhage Control – Tourniquet	X	C	
161	Hemorrhage Control - Pressure Bandaging	X	C	
162	Trendelenberg Positioning	X	C	
163	Eye care	X	C	
164	Eye Irrigation	X	C	
165	Splinting- Pelvic Wrap	X	C	
166	Splinting extremity – Rigid	X	C	
167	Provide care to a patient with a burn injury	X	C	
168	Provide care to a patient with a chest injury	X	C	
169	Provide care to a patient with a painful, swollen, deformed extremity	X	C	
170	Provide care to a patient with a soft tissue injury	X	C	
171	Provide care to a patient with a suspected head injury	X	C	
172	Provide care to a patient with a suspected spinal injury	X	C	
173	Provide care to a patient with an acute amputation	X	C	
174	Provide care to a patient with an impaled object	X	C	
175	Provide care to a patient with an open abdominal injury	X	C	
176	Provide care to a patient with shock (Hypoperfusion).	X	C	
177	Provide care to an infant or child with trauma	X	C	
178	Provide care to a patient with a burn injury	X	C	
179	Provide care for external bleeding.	X	C	
180	Burns--chemical, electrical, inhalation, radiation, thermal	X	C	
EMERGENCY CARDIAC CARE				
181	Provide care to an infant or child with cardiac arrest	X	C	
182	Cardiac monitoring--apply electrodes	(D)		X
183	Cardiac monitoring--multi lead (acquire but non-interpretive)	(D)		X

EMERGENCY CARDIAC CARE (continued)				
184	Cardiopulmonary resuscitation (CPR) adult, infant, child, one and two person	X	C	
185	CPR - Mechanical Device	X	C	
186	Cardiac Monitoring - Multi Lead (non-interpretive)	(D)		X
187	Cardiac Monitoring – Single Lead (interpretive) [EMT-D focus]	(D)		X
188	Cardiac Monitoring – Single Lead (non-interpretive)	(D)		X
189	Defibrillation - Automated/Semi Automated (AED/SAED)	X		X
190	Defibrillation – Manual	(D)		X
191	Defibrillation--automated external defibrillator (AED)	X		X
192	Defibrillation--Counter shock--manual	(D)		X
193	Defibrillation - Automated/Semi Automated (AED/SAED)	X	C	
194	Defibrillation--automated external defibrillator (AED)	X	C	
EMERGENCY MEDICAL CARE				
195	Resuscitate a patient in cardiac arrest.	X	C	
196	Provide post-resuscitation care to a cardiac arrest patient	X	C	
197	Provide care for a patient with a history of diabetes.	X	C	
198	Provide care for a patient with abdominal pain	X	C	
199	Provide care for a patient with an altered mental state	X	C	
200	Provide care for a patient with an endocrine disorder other than diabetes.	X	C	
201	Provide care for a patient with head pain	X	C	
202	Provide care for a possible poisoning patient	X	C	
203	Provide care for external bleeding.	X	C	
204	Provide care for the obstetric patient	X	C	
205	Provide care to a near-drowning patient	X	C	
206	Provide care to a patient experiencing a behavioral problem	X	C	
207	Provide care to a patient experiencing cardiovascular compromise	X	C	
208	Provide care to a patient experiencing non-traumatic chest pain/discomfort.	X	C	
209	Provide care to a patient exposed to cold	X	C	
210	Provide care to a patient exposed to heat	X	C	
211	Provide care to a patient who has been bitten or stung by an animal or insect	X	C	
212	Provide care to an infant or child with a fever	X	C	
213	Provide care to an infant or child with a suspected blood disorder	X	C	
214	Provide care to an infant or child with a suspected communicable disease	X	C	
215	Provide care to an infant or child with abdominal pain	X	C	
216	Provide care to an infant or child with respiratory distress	X	C	
217	Provide care to an infant or child with seizure	X	C	
218	Provide care to an infant or child with shock (hypoperfusion)	X	C	
219	Provide care to an infant or child with suspected abuse or neglect	X	C	
220	Provide care to suspected overdose patient	X	C	
221	Provide care to the mother immediately following delivery of a newborn	X	C	
EMERGENCY MEDICAL CARE (continued)				

222	Provide care to the newborn	X	C	
223	Provide care to the patient experiencing a seizure	X	C	
224	Provide care to the patient experiencing an allergic reaction	X	C	
225	Provide care to the patient with a gynecological emergency	X	C	
226	Urinary catheterization (ASSESSING & MONITORING ONLY)			
227	Assisted normal delivery	X	C	
228	Assisted complicated delivery	X	C	
229	Assist with the delivery of an infant	X	C	
230	Childbirth (abnormal/complications) - patient positioning	X		E
231	Childbirth (abnormal/complications)	X		E
232	Childbirth (normal)--cephalic delivery	X	C	
233	Provide care to an infant or child with a fever	X	C	
234	Perform a rapid extrication of a trauma patient	X	C	
235	Provide care for a patient with a history of diabetes.	X	C	
236	Provide care for a patient with an altered mental state	X	C	
237	Provide care for a patient with an endocrine disorder other than diabetes.	X	C	
238	Provide care for a patient with head pain	X	C	
239	Provide care for a possible poisoning patient	X	C	
240	Provide care for the obstetric patient	X	C	
241	Provide care to a near-drowning patient	X	C	
242	Provide care to a patient experiencing a behavioral problem	X	C	
243	Provide care to a patient experiencing cardiovascular compromise	X	C	
244	Provide care to a patient experiencing non-traumatic chest pain/discomfort.	X	C	
245	Provide care to a patient exposed to cold	X	C	
246	Provide care to a patient exposed to heat	X	C	
247	Provide care to a patient who has been bitten or stung by an animal or insect	X	C	
248	Assist with the delivery of an infant	X	C	
249	Assisting a patient in administering his/her own prescribed medications, including auto-injection (self, buddy and pt assisted)	X	C	
250	Childbirth (abnormal/complications) - patient positioning	X	C	
251	Childbirth (normal)--cephalic delivery	X	C	
252	Childbirth--umbilical cord cutting	X	C	
253	Urinary catheterization (monitoring only)			
INTRAVENOUS INITIATION/MANAGEMENT				
254	Arterial line--capped--transport			
255	IV Push D50		C	
256	IV Solutions- D5W, Normal Saline,	X	C	
257	Lactated Ringers			
258	Capillary Blood Sampling – Obtaining (other than blood glucose monitoring)			
INTRAVENOUS INITIATION/MANAGEMENT (continued)				
259	Crystalloids			

260	Saline lock insertions as no-flow IV			
261	Indwelling intravenous catheters (peripheral)			
262	Intraosseous – initiation (adult & pediatric)			
263	IV (push and infusion)			
264	IV Push D50			
265	Lactated Ringers	X		E
266	Peripheral venous--initiation (cannulation)	X	C	
267	Venous Blood Sampling – Obtaining	X		E
268	Monitor IV line	X	C	
269	Maintenance – peripheral non-medicated crystalloid IV Fluids	X	C	

AMBULANCE OPERATIONS

270	Assess the need for additional resources at the scene.	X	C	
271	Drive the emergency vehicle in a non-emergency situation	X	C	
272	Drive the emergency vehicle in an emergency situation (theory)	X	C	
273	Give consideration for potential organ retrieval	X	C	
274	Incident Command System (ICS)	X	C	
275	Make decisions based on Do Not Resuscitate (DNR) orders	X	C	
276	Make decisions regarding abandonment, negligence, etc.	X	C	
277	Multiple Casualty Incident (MCI)	X	C	
278	Participate in the quality improvement process	X	C	
279	Prepare the emergency vehicle and equipment before responding to a call.	X	C	
280	Preserve the crime scene	X	C	
281	Provide education on emergency medical services to the public	X	C	
282	Provide for safety of self, patient and fellow workers	X	C	
283	Obtain consent for providing care	X	C	
284	Provide injury prevention education to the public, such as seat belt usage, helmet usage, pool safety, etc.	X	C	
285	Use methods to reduce stress in a patient, bystanders and co-workers	X	C	
286	Use physician medical direction for authorization to provide care (Off-line)	X	C	
287	Deliver or assist in delivery of home health care (To level of authorized activities)	X	C	
288	Triage (prioritizing patients)-use of tags	X	C	

Documentation

289	Out-of-Hospital Do Not Resuscitate (DNR) orders	X	C	
290	Complete a prehospital care report	X	C	
291	Patient Care Report completion	X	C	

AMBULANCE OPERATIONS (continued)

Communications

292	Communicate with bystanders, other health care providers and patient family members while providing patient care	X	C	
293	Communicate with patient while providing care	X	C	
294	Communications with PSAPs, hospitals, medical command facilities	X	C	
295	Provide a report to RECEIVING PERSONNEL of assessment findings and emergency care given	X	C	
296	Provide a report to medical direction of assessment findings and emergency care given	X	C	
297	Verbal patient report to receiving personnel	X	C	
Lifting & Moving				
298	Lifting & Moving - Move patients using a carrying device	X	C	
299	Lifting & Moving - Move patients without a carrying device	X	C	
300	Lifting & Moving - Patient lifting, moving and transfers	X	C	
301	Lifting & Moving - Patient Physical Restraint Application	X	C	
302	Lifting & Moving - Patient restraints on transport devices	X	C	
303	Lifting & Moving - Use body mechanics when lifting and moving a patient.	X	C	
304	Behavioral--Restrain violent patient	X	C	
Hazardous materials				
305	Decontamination	X	C	
306	Disinfection	X	C	
307	Dispose of materials contaminated with body fluids.	X	C	
308	Dispose of sharps (needles, auto-injectors, etc)	X	C	
309	Perform unit dose auto-injectors for self or peer care (MARK I)	X	C	
310	PPE (personal protection equipment) use	X	C	
311	PRN Self or peer care (Bio/chem)	X	C	
312	Take infection control precautions (body substance isolation)	X	C	
Rescue				
313	Patient access and extrication	X	C	
314	Rapid extrication	X	C	

Proposed for Review

PARAMEDIC

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Paramedic Recommendations

GENERAL

1. Adoption of the title “Paramedic” to replace “Mobile Intensive Care Technician”.
2. No change in current authorized level of activities. Potential changes in terminology, language, title, other than clean up as necessary.

TRANSITION PLAN (MICT to Paramedic)

NONE REQUIRED

SPREADSHEET LEGEND: Does NOT apply.

Proposed for Review